Department of Transportation—Federal Aviation Administration

Supplemental Type Certificate

Number SA3295SW-D

This certificate, issued to

Century Flight Systems, Inc.

F.M. 1195

P. O. Box 610

Mineral Wells, TX 76067

certifies that the change in the type design for the following product with the limitations and conditions

therefor as specified hereon meets the airworthiness requirements of Part 3 of the Civil Air

Regulations.

Original Product - Type Certificate Number : 3A16

Make: Beech

Model 95-55, -A55, -B55, -B55A, -B55B, -C55, -C55A,

D55, D55A, E55, E55A, 58, 58A

Description of Type Design Change:

Installation of Yaw Damper System Model YK 428 according to Bulletin No. 550, Rev. 5 dated 5-18-78 and Master Drawing List No. 87A667 Rev. E dated 5-18-78 (28 Volt System) and/or later FAA approved revision.

Limitations and Conditions:
FAA/DAS Approved Airplane Flight Manual Supplement P/N 688709 dated 6-15-78 for
Beach 95-55, -A55, -B55, -B55A, -B55B, -C55, -C55A, D55, D55A, E55, E55A, 58, 58A
is required; OR
FEA/DAS Approved Pilot's Operating Handbook Supplement P/N 688710 dated 6-15-78
for Beech 95-B55, -B55A, E55, E55A, 58, 58A is required,

Compatibility of this modification with other previously approved modifications must be determined by the installer. This certificate and the supporting data which is the basis for approval shall remain in effect until sur-

rendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the

Federal Aviation Administration.

Date of application: 5-19-78

Jule reissued: 3-28-84 Revision 1

Date of issuance:

6-15-78

Tale umended:



By direction of the Administrator

Don P. Watson

Manager, Aircraft Certification Division

Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

The FAA will reissue the certificate in the name of the transferee and forward it to him.	
	TRANSFER ENDORSEMENT
Transfer the ownership of	Supplemental Type Certificate Number
o (Name of transferee)	
(Address of transferee)	(Number and street)
-	(City, State, and ZIP code)
from (Name of grantor) (P	rint or type)
(Address of grantor)	(Number and street)
-	(City, State, and ZIP code)
Extent of Authority (if I	icensing agreement):
Date of Transfer:	
	ntor (In ink):